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ABSTRACT

This KIDS COUNT statistical report is the second to examine indicators of children's well-being in Hawaii. The bulk of the report is comprised of the indicator results and is divided into four major sections: (1) family composition and resources, including children in poverty, children in single parent families, births to single teens, and children with health insurance; (2) infancy and preschool years, including births with low birth weight, infant mortality rate, school readiness, children at risk for developmental problems, immunization rates for 2-year-olds, and child abuse and neglect rates; (3) early school years, including child death rates, children of working parents in after school programs, fourth graders' academic progress, and children with special needs; and (4) adolescence and youth, including eighth graders' academic progress, high school graduation rates, teens not connected to any productive activity, substance use, teenage pregnancy, teen violent deaths, and juvenile arrest rates for violent crimes. County, gender, and ethnicity comparisons are made for some indicators. The report also provides a demographic profile of Hawaiian children, suggests conditions needed for children to succeed, compares Hawaiian data to national data, and details the report's methodology and data sources. (KDFB)

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HAWAII kids count

Kids + MAKE 96 COUNT

Of course we need children! Adults need children in their lives to listen to and care for, to keep their imagination fresh and their hearts young and to make the future a reality for which they are willing to work. **Margaret Mead** • *Worthy of our deepest love and this Nation's most profound concern, children represent our dearest hopes for the future. We must ensure that they receive the care, protection, and guidance each child so richly deserves.* **Proclamation of National Children's Day,** *1995* • *As a nation, we know a lot more about what children need to become healthy adults than we ever put to use. It would be a sad testimony, indeed, to say we passed through our lives and did less than we could to help our children.* **Norman Brown,** *President, W. K. Kellogg Foundation*

HAWAI'I KIDS COUNT • 1996 DATA BOOK

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Kids Count in Hawai'i

This is an annual report on the well-being of kids in Hawai'i. It was produced by Hawai'i Kids Count – a collaboration of the University of Hawai'i at Manoa Center on the Family, the Governor's Office of Children and Youth, and the Hawai'i Community Services Council – with funds from the Annie E. Casey Foundation.

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Each Day In Hawai'i

There are over 315,000 kids in Hawai'i who experience the following:

- 1 in 6 live in poverty;
- over 1 in 5 live with a single parent;
- 8 babies are born whose mothers did not get prenatal care in the first trimester;
- 3 babies are born with dangerously low weight (less than 5.5 pounds);
- there are 5 or 6 births to teen moms, 80% of whom are not married;
- 11 reports of child abuse are made, 56% of which will be confirmed; and
- there are 13 youths arrested for serious crimes.

IN ADDITION:

- 1 infant dies every 3 days;
- 1 child dies nearly every week; and
- there are 2.5 teen deaths from homicide, suicide, or accident every month.

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Acknowledgments

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HELPFUL INPUT IN ANALYSIS AND UNDERSTANDING

The many parents and children who shared their experiences; *Parents and Children Together (PACT)* – Ha'aheo Mansfield, *Hana Like* – Members of the Parent Advisory Council and Sara Izen; *Department of Health* – Virginia Jackson, Marmy Milnes; Sandra Potter Marquart, *Early Childhood Education and Care Coordinating Committee*. Pirmary writing and analysis by Marcia Hartsock.

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Layout: Ito Design Associates

Overview of Indicators and Summary of Findings

The indicators for the Hawai'i Kids Count Data Book are those available measures which are considered to be most indicative of the well-being of Hawai'i's children and families. These are population-based numbers, stated as percents or as rates so that unequal groups can be compared. Most of the indicators have trend data, although the time period of the trend may not be identical in all cases.

Ten core indicators have been identified by the national Kids Count program of the Annie E. Casey Foundation for tracking and for comparison between the states. They are percent of low-birth-weight babies; infant mortality rate; child death rate; rate of births to unmarried teens; juvenile violent crime arrest rate, percent of teens who are high school dropouts, percent of teens not attending school and not working, teen violent death rate; percent of children in poverty; and percent of families with children headed by a single parent.

Hawai'i Kids Count has used the same indicators with the following exception: the annual percent of teens who are high school dropouts is not available at the state level, so the high school on-time graduation rate is used instead.

In addition, Hawai'i Kids Count reports on twelve other indicators, two of them at more than one age. The intent is for these to remain constant over time. However, there are two modifications from the 1995 report: as an indication of substance use by teenagers we are using percent reporting regular tobacco use, while in 1995 we reported regular use of alcohol; and the percent of families spending more than 30% of income on shelter has been replaced by the percent of families, budget spent on housing assistance. Scores from the National Assessment of Educational Progress (NAEP) are not consistently available, so these are supplemented by scores from the Stanford Achievement Test. Information on children in single-parent families and idle teens is not available annually at the state level, but the most recent data are included as these are important in assessing the general well-being of children.

So, how are the children and families doing? In nine indicators, this 1996 report shows that there has been improvement since 1990, while six areas show that they are losing ground.

INDICATORS SHOWING IMPROVEMENT, 1990–1994

- Percent of births with early prenatal care
- Percent of births with low birth-weight
- Infant mortality rate
- Percent fully immunized by age 2
- Percent identified at risk for developmental problems
- Child death rate
- Rate of child abuse and neglect, except at ages 6–11
- Teen pregnancy rate
- Teen violent death rate

WORSENING CONDITIONS, 1990–1994

- Percent of children in poverty
- Percent of families receiving housing assistance
- Percent of children with working parents in after-school care program
- Percent graduating high school on time
- Percent of teenagers regularly using tobacco
- Rate of juveniles arrested for violent crimes

For comparison with national trends on core indicators, see pages 50–51.

Demographic Profile of Hawai'i's Kids

There were 292,616 children and youth ages birth to 19 in Hawai'i in 1980. By 1990, that number had increased by 0.5% to 294,098. The official estimate in 1994, according to the U.S. Census Bureau, was 319,275.

Location

The numbers grew on the neighbor islands, but decreased on O'ahu.

By County:	1980	% of All Kids	1990	% of All Kids	% change
Honolulu	228,567	78.11	215,378	73.23	-5.77
Hawai'i	29,573	10.11	35,874	12.20	21.31
Kaua'i	12,459	4.26	14,759	5.02	18.5
Maui	22,017	7.52	28,087	9.55	27.6

Nearly two-thirds of Hawai'i's children and youth (63.47%) live in urbanized areas, while only 0.6% live in rural farm areas. Persons under 19 years of age are more likely to live in the urban fringe, while adults are more likely to live in the central urban areas.

Proportion of the Population

Children and youth are a declining proportion of the entire population, while the percentage of those who are over age 64 is increasing:

Age	1980 % of Total	1990 % of Total	% change
under age 20	32.25	27.96	-13.3
over age 64	7.87	11.25	42.9

The dependency ratio (computed by adding together those under 15 and those over 64 and dividing by the number of 15 to 64 year-olds) has increased slightly from 31.15 to 32.32 due to the increase of senior citizens.

Child Population by County — 1990

Honolulu

Hawai'i

Kaua'i

Maui

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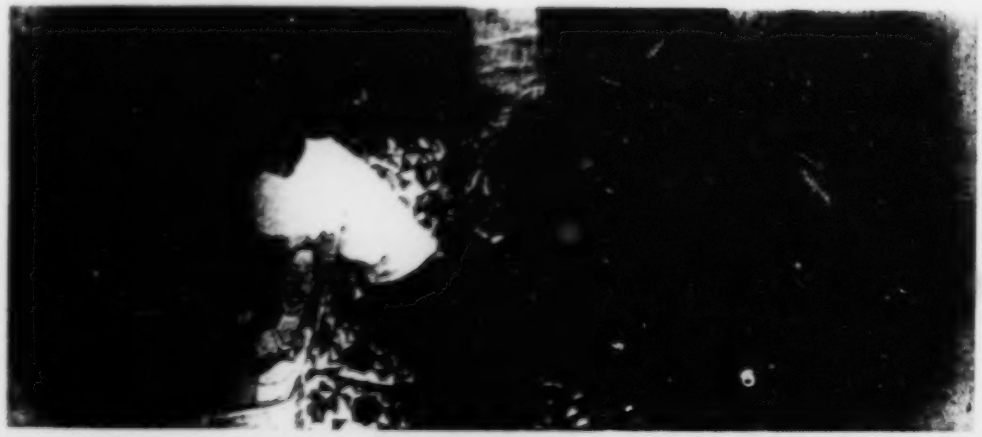
Ethnicity

It is impossible to detail changes in the proportions identifying themselves as belonging to the major ethnic groups in Hawai'i as the 1980 census grouped these differently. However, Hawai'i's rainbow in 1990 was composed as follows:

Caucasian	30.22%
Hawaiian	18.36%
Japanese	15.75%
Filipino	17.46%
Chinese	3.79%
Pacific Islander	3.46%
African American	2.94%
Korean	1.99%
Other	6.03%

Child Population by Ethnicity — 1990



Our Vision for Hawai'i's Kids

Our vision is that "Hawai'i's keiki are active participants in a safe, nurturing, and stimulating community that enhances every child's opportunities to become a productive, responsible adult appreciative of our cultural diversity and natural environment."

Hawai'i Kids Count Advisory Council

During 1995, the children and youth of our state were asked to develop their vision of the future in Hawai'i. They describe it in these terms:

The environment of Hawai'i is clean and pollution-free...

Safety is assured in our communities...

Our economy includes lowered taxes and cost of living...with many job opportunities...

Education in Hawai'i is provided through...schools with competent and qualified faculties. Hawaiian culture courses are widely available.

The preservation of the Aloha Spirit...[keeps] the unique culture of Hawai'i alive.

The society of Hawai'i thrives on equality and respect for all...

Native Hawaiians have a strong voice in government...

Recreation for youth has been provided...

The health of the people of Hawai'i has improved...*

The harmony between these visions – of the people and of the society in Hawai'i's future – is striking. Solid intergenerational cooperation and communication will be required to make them both a reality.

*from The Children's Vision of Ke Ala Hoku: Charting the Course

Begin with your own children.

Love them. Spend time with them.

Guide them and be prepared to

discipline them. Spark their

imaginations. As a family, with your

children, reach out to other children.

Sam Beard, President
The American Institute for Public Service

Family Composition and Resources

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Family Composition and Resources

"The quiet crisis" is the term used by the Carnegie Foundation to describe the increasing proportion of American children who are at risk -- at risk of low birthweight, child abuse and neglect, school unreadiness, delinquency, substance abuse, school failure, adolescent child-bearing, and unemployability. It is "quiet" in that many of the signs that things are not going well for children -- that children are at risk -- do not seem to be recognized as immediate and pressing needs. They can be, and have been, ignored.

Increasingly, both conservatives and liberals are recognizing that children are at increasing risk because families are more fragile and under more stress. Whether one speaks of "family values" or of "valuing families," most people recognize that society and family life have changed in ways that pose threats to the security and development of too many children.

The shape of families and the resources available to families have changed. Rising divorce rates and the rapid increase in non-marital births have led to more children being in families headed by a single parent. Greater mobility in society means that kinship ties are stretched and there is less immediate support from extended family. The last quarter of this century has been one of declining real wages and a resulting need for families to be industrious and ingenious to maintain their standard of living. Two-parent families have done at least four things during this period to 'keep up': delayed child-bearing, had fewer children, worked more, and gone into debt.

These changes make it more difficult for parents to provide what children need. Children need parents who will not leave them alone for long periods of time. Children need parents and other adults in the family to talk with about their troubles. Children need families in which hugs are more prevalent than curses. They need food and clothes, discipline, health care and education. Most importantly, children need to know that they are part of a family and society which respects and cares for them.

An extensive study of children on Kaua'i was conducted by Emmy E. Werner and Ruth S. Smith. Overall, they found that there are resiliency factors which can increase children's health and success in school, relationships, and work. In addition to the child's disposition, intelligence, communication skills, and internal locus of control, there are family and community factors that help many children to succeed despite poverty and other endangering conditions. Key among these are parental warmth and support and positive relationships with siblings or other adults. Resiliency is also developed by support systems in school, church, or community clubs that reward competence and provide a value system.

Strong families help children learn resilient behavior. They teach problem-solving skills and provide positive, noncritical support and a sense of togetherness. The values and skills learned at home give individuals the power to shape their lives. Families that learn how to cope with challenges and meet individual needs are more resilient to stress and crisis. A family's goals, values, problem-solving skills, and support networks impact its ability to adapt in the face of life's problems. Focusing on strengths has been found to significantly improve a family's self-help capacity and the impact of professional help.

Inherent in the status of being a child is the right to be nurtured and supported. The family is the first and foremost provider of a child's care. A supportive community and helpful public policies are important underpinings of effective parenting, which is critical to a child's ability to grow up with the necessary skills to live a productive and happy life.

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Children in Poverty

No factor so consistently compromises the futures of children than does growing up in poverty. Poverty levels are a set of money-income thresholds that vary by family size and composition, as determined by by the US Office of Management and the Budget. Poverty levels are adjusted annually to reflect changes in the Consumer Price Index, but do not take into account regional differences in the cost of living or available forms of noncash benefits, such as food stamps and health care. For 1994 the poverty level for a two-parent family of four was set at $15,141; for a single-parent family with two children, it was $11,817.

STORY TOLD BY THE DATA:

In Hawai'i, there was a slight increase of child poverty in 1994, compared to 1993. County and ethnic differences are unavailable.

STORY TOLD BY EXPERIENCE:

"We live with worry every day. If Jaime gets sick or Cara needs supplies for a school project, something else has to wait. And in our society, it is really hard to explain to the kids that the things they see on TV are not for them. They want the expensive cereal and the "cool" clothes and the new toys just like other kids have. I have to be sure that the basics are covered and that usually means there's nothing left for the 'extras'."

Susan, mother of two

Percent of Children in Poverty

	1980	1993	Annual Rate of Change 1980-93	1994	Annual Rate of Change 1993-94	Recent Trend
State	13.0	11.1	-1.58	13.4	4.71	●
County						
Honolulu	13.0	10.1	-2.52	n.a.		
Hawai'i	15.6	19.8	2.38	n.a.		
Kaua'i	9.7	8.1	-1.80	n.a.		
Maui	11.4	9.5	-1.82	n.a.		
Ethnicity						
Caucasian	n.a.*	9.2	n.a.			
Japanese	n.a.	2.8	n.a.			
Hawaiian	n.a.	19.9	n.a.			
Filipino	n.a.	7.9	n.a.			
Chinese	n.a.	7.3	n.a.			
Pacific Islander	n.a.	30.2	n.a.			
African-American	n.a.	11.5	n.a.			

*1980 Census did not use these ethnic categories, so the base population in each group is not known.

Relative Risk for Low-Income Families Compared with High-Income Families

Outcome	Relative Risk	Outcome	Relative Risk
Child neglect	9	Growth retardation	2.5
Child abuse	4.5	Severe asthma	2
Childhood mortality	>3	Low birth-weight	1.2–2.2
Fair or poor health	3		

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Children in Single-Parent Families

Probably no indicator of child well-being that is used by Kids Count is more controversial than this one. The greatest overall negative effect of being raised in a single-parent family is that it increases the child's chances of being poor. It is very difficult to always separate these effects, so while some studies may highlight the negative effects of single parenting, those effects are greatly reduced when the data analysis controls for household income.

STORY TOLD BY THE DATA:

Although annual data for the states and counties are not available from the US Census Bureau, this experience is central to the lives of so many children that it is included. Not only are more children in single-parent families than in earlier years, but the root causes of single parenthood are shifting. Research has shown that divorce is responsible for about 46% of single-parent households. Out-of-wedlock births account for 26%, 21% are due to a marital separation, and 7% are because of the death of a spouse/parent.

STORY TOLD BY EXPERIENCE:

"You have to work more for money and are less available to your children. All burdens fall on you. All problems fall on you. There's never enough time or money. You work harder and fail more often with your kids. Maybe you don't really fail, but it feels like you do anyway."

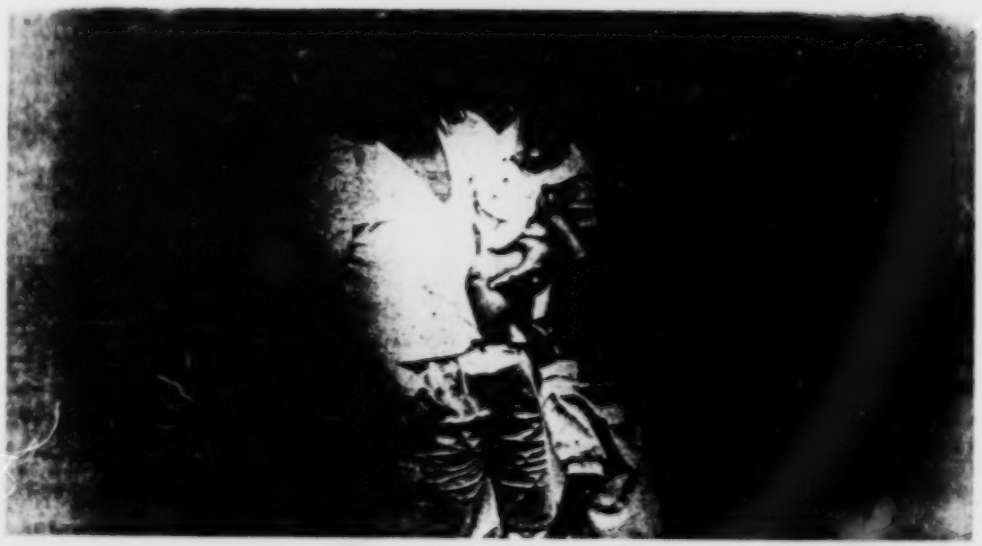
Vanessa's Mom

"My mom set all the rules and there is no parental conflict in our home. Family problems are more easily solved since there is only one adult opinion. We kids know there is only one boss — Mom! My dad left when I was six and hasn't been around much at all. My brother and I are turning out pretty well — I'm in college and he's already graduated. So don't make my mom feel guilty!"

Kristin's Dad

Percent of Children Living with Single Parents

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	17.8	20.8	1.56	20.2	-0.98	?
County:						
Honolulu	17.2	18.5	0.73	n.a.		
Hawai'i	17.9	22.0	2.06	n.a.		
Kaua'i	10.6	18.1	5.35	n.a.		
Maui	17.4	19.7	1.24	n.a.		



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Births to Single Teens

Families begun by single teenage women are particularly vulnerable. Teen mothers are less likely than other young women to complete high school or go on to postsecondary education. This compromises job prospects and economic well-being – often for a lifetime. Although many teen mothers will eventually marry, their marriages are at higher risk of separation or divorce. The combined effects of poverty, family instability, and inadequate parenting skills produce children who are more likely to experience developmental delays, behavioral problems, school failure, and delinquency.

STORY TOLD BY THE DATA:

The rate of teen non-marital births in Hawai'i increased slightly in 1994 over that of 1993 (43.7 from 42.8) However, the rate was lower than in 1990. This rate reduction from 1990 occurred on O'ahu and in Maui County. The only ethnic group to show a significant reduction was Hawaiian, although this rate is much higher than any other group.

STORY TOLD BY EXPERIENCE:

"When Jason was born it really changed my life. In many ways he has given me a reason to clean up my act. But it is really hard, too. My parents are split. My mom tries to help, but she really feels I should be with Jason all the time and she doesn't like Brad (Jason's father). We fight a lot. I've missed a lot of school – some days it is just too much effort to get there."

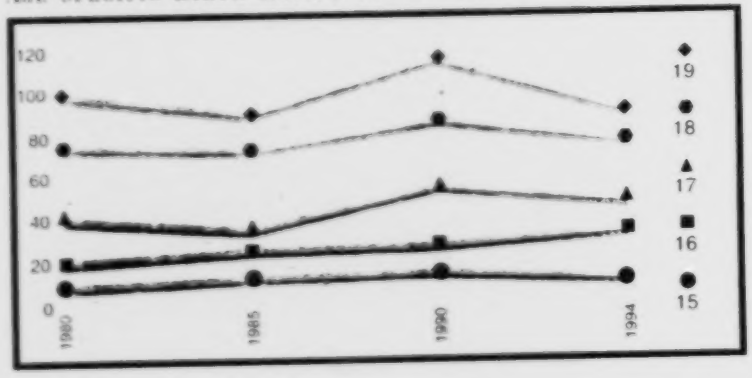
Lisa (alias), age 17

Non-Marital Teen Births

(per 1,000 females age 15-19)

	1980	1990	Annual Rate of Change 1980–90	1994	Annual Rate of Change 1990–94	Trend
State	28.5	45.2	4.6	43.7	-0.9	☺
County:						
Honolulu	27.3	43.3	4.6	40.1	-1.9	☺
Hawai'i	36.6	53.4	3.8	62.8	4.1	☹
Kaua'i	31.5	40.5	2.5	50.2	5.3	☹
Maui	28.5	51.8	6.0	43.6	-4.3	☺
Ethnicity:						
Caucasian	1.9	9.3	16.2	14.6	11.1	☹
Hawaiian	95.7	157.1	4.9	128.0	-5.1	☺
Japanese	9.3	13.3	3.6	13.1	-0.3	☺
Filipino	23.9	42.1	5.7	48.4	3.5	☹
Chinese	5.1	10.0	6.7	11.9	4.4	☹
Pacific Islander	29.6	48.7	5.0	68.2	8.4	☹
African-American	18.2	30.7	5.2	31.6	0.7	☹
Other	4.4	14.5	11.8	23.7	12.4	☹

Age-specific Birth Rates, 1980–994



Birth rates for teens have declined since 1990, except for 16 year-olds. For the oldest teens, the rates are about the same or lower than in 1980.

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Children with Health Insurance

Health insurance provides at least some degree of financial assurance that medical services will be available. Nationally, research indicates that children without health insurance had 38% fewer medical visits than those with insurance.

STORY TOLD BY THE DATA:

Health insurance coverage of children continues to grow. Information is only available at the state level. Hawai'i ranks seventh among the states in this indicator, according to the Children's Defense Fund 1995 Yearbook.

STORY TOLD BY EXPERIENCE:

When I was laid off, my biggest worry was that one of the kids would get sick, really sick – or, maybe worse, be in an accident. There was this period of time when we had no insurance, you know, so it made me scared."

DAVID, FATHER OF THREE

"We have such a confusing situation. My two older kids are covered by my first husband's health insurance, which is different from the health insurance I have now with the two younger kids. The system and the coverage are different, so I have to check always to know who is covered for what! And they have different doctors and different hospitals. It makes it much harder to keep up with the shots and the routine doctor visits."

JANET, MOTHER OF FOUR

PERCENT OF CHILDREN WITH HEALTH INSURANCE

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	84.3	92.1	0.89	92.5	0.11	☺

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Cost of Shelter

One of the largest and most variable components of the cost of living is the cost of housing. According to the Consumer Expenditure Survey, housing and utilities accounted for 27 % of the average consumer household expenditures in the western part of the US (including Hawai'i).

Story Told by the Data:

While an identical measure is not available to compare with previous years, the situation appears to be somewhat stable. The Affordable Housing Alliance estimates that 55% of renter households needing a one-bedroom unit in Hawai'i must pay more than 30% of their income for shelter. Most families with children would require at least a two-bedroom unit; the fair market rent is more than 30% of income for 65% of these renters, according to AHA.

STORY TOLD BY EXPERIENCE:

"Imagine that you support yourself and two children by earning $12,000 a year. This is $183 above the poverty level in 1994. To do this, you work full time at $5.77 per hour. Out of this income you spend $400 per month on food ($1.48 per person per meal). To keep your job, you must spend $20 per month on a bus pass and $178 on child care. If no one gets sick, if you don't lose your bus pass, if the kids shoes still fit, if every other penny of income goes for shelter, you have $405 to spend on rent – if you can find a place!"

Bill

Percent of Budget Expended For Housing
(per average consumer unit)

	1991	1993	Annual Rate of Change 1991–1993	Recent Trend
State	30.8	31.4	1.09	☹
$ Spent On Shelter	11,196	12,261		

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The single most effective and efficient interaction on behalf of children is a well-coordinated early childhood program...to ensure that every child arrives at kindergarten physically, mentally, emotionally, and socially ready to succeed in the world of learning.

R. H. Wehling, Vice President for Public Affairs
The Procter & Gamble Company

Infancy and Preschool Years

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Infancy and Early Childhood

Children's experiences during the years between their birth and age five have a profound impact on their future development. They also affect their families, our communities, state, and society. Family members want their children to thrive. They want them cared for in safe and healthy environments. They want them to enter school healthy and ready to learn. And they want them to be successful in school and in life.

Yet in today's society it is not easy to provide children with these good beginnings. Family members struggle to manage the multiple concerns of family life and demands of work; many do this with limited resources. Families do not regularly receive help in learning to become effective "first teachers" of their children. And, in spite of the fact that in Hawai'i over 60 percent of families with children under five now leave their children in the care of others while they are at work, it is often difficult to find education and care settings that protect children's health and safety, nurture them, and help them to learn.

The early years are the critical time for laying the foundation for healthy development and for future learning. Good early childhood programs can be beneficial in many ways. They help children learn to love learning, to develop social skills, language, and cognitive abilities. They benefit the family because its members can go to work each day secure in the knowledge that their children are in good hands. They benefit employers because their workers can focus on the job without worries about the welfare of their children. They benefit society as a whole because young, at-risk, disadvantaged children who participate in high-quality programs require fewer costly social and remedial services during their school years and are more likely to graduate from high school and become productive members of society.

For the young child, education and care are interdependent. Children who receive stable, responsive care are more likely to develop trust, empathy, curiosity, and confidence--feelings essential to social development and learning. Learning takes place in the context of caring, but for young and vulnerable children both are essential and the two can never be separated.

Young children cannot be educated or cared for without the active participation of their families. From the moment of birth, and even before, children are shaped by the primary and dominant experiences of their homes and by interactions with their closest relatives. In addition to the care and education that small children receive from their own parents, most of Hawai'i's young children receive care from others at some time during their early years. This takes place through a complex mix of programs and services ranging from caregiving in a child's own home or in the homes of relatives or of other families, to home visitors, play group programs at community parks, child care centers, preschools, child development programs in homes and centers, pre-kindergartens, Head Start, special education programs, and more.

Community well-being and the quality of life for all is affected if children do not experience good beginnings. The fate of young children must be considered a community responsibility and priority. All citizens must understand the need to provide resources for the education, care, health, and welfare of our youngest children, and realize that the impact of choices made now will be felt far into the future.

Gleaned from Good Beginnings: Report of the Hawai'i Early Childhood Education & Care Coordinating Committee, January 1996

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Early Prenatal Care

Early prenatal care increases the chance of healthier babies because medical problems can be detected earlier and high-risk health habits of the mother may be curtailed. The American Public Health Association has computed that every $1 spent on prenatal care saves $3.38 in expenditures for the care of low-birth-weight babies.

STORY TOLD BY THE DATA:

There has been a significant increase in the proportion of babies born whose mothers sought prenatal care in their first trimester of pregnancy. This increase has occurred in every county and for every ethnic group in the state. Honolulu County lead the geographic category and the change among Pacific Islanders was a 78% increase in four years!

STORY TOLD BY EXPERIENCE:

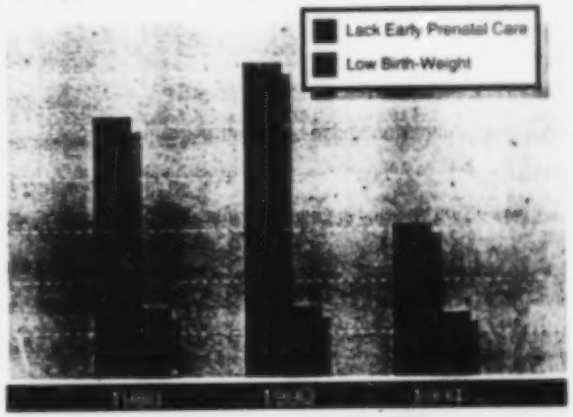
"I'm so ashamed now that I didn't go to a doctor when I first knew I was pregnant. But I was only 16 and pretty mixed up. I didn't want to face up to the fact that I was going to have a baby, let alone admit it to my folks or the doctor or anyone. Thank goodness Erin is strong and healthy!"

LORI, YOUNG MOTHER

Percent of Babies Born to Women Who Got Early Prenatal Care

	1980	1993	Annual Rate of Change 1980-1993	1994	Annual Rate of Change 1990-1994	Recent Trend
State	76.2	68.9	-1.01	84.8	7.55	☺
COUNTY:						
Honolulu	78.3	67.6	-1.46	86.9	9.24	☺
Hawai'i	68.7	71.0	0.32	77.7	0.20	☺
Kaua'i	66.0	66.2	0.03	79.7	3.38	☺
Maui	71.2	72.7	0.20	77.5	4.49	☺
ETHNICITY:						
Caucasian	81.3	75.1	-0.79	87.6	5.23	☺
Japanese	88.4	81.1	-0.87	93.0	6.56	☺
Hawaiian	71.5	63.6	-1.17	78.5	6.34	☺
Filipino	75.5	67.8	-1.08	84.4	8.43	☺
Chinese	88.2	80.2	-0.95	92.8	8.99	☺
Pacific Islander	48.8	39.8	-2.02	70.8	16.21	☺
African-American	74.3	65.4	-1.27	84.3	7.68	☺
Other	64.8	65.8	0.15	88.0	11.35	☺

Late Care vs. Outcome



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Low-Birth-Weight Infants

Infants weighing less than 2,500 grams (5.5 pounds) at birth are considered to have a low-birth weight. Low birth-weight impairs an infant's ability to survive the first year of life. Infants who were full-term but small for gestational age are more likely to have congenital anomalies and developmental disabilities.

STORY TOLD BY THE DATA:

After many years of little change, 1994 saw a drop in the number and percentage of babies born with low birth-weight in our state. That improvement was not spread uniformly across the state: there was an increase over 1993 in both Kaua'i and Maui; Caucasians were the only racial/ethnic group to experience an increase over 1993, although the category of 'other' also increased.

STORY TOLD BY EXPERIENCE:

"With your first baby you have this great daydream about how wonderful it will be when you bring her home from the hospital and have time to really look at her all over, stroke the bottoms of her feet, croon a lullabye... It was so difficult to have to leave Sarah at the hospital because she was too tiny. We worried, went back and forth to the hospital, and were so scared when we finally brought her home. I wish we could have gotten off to a better start."

Jean

Percent of Babies with Low Birth Weight

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	7.1	7.1	0.0	6.5	-2.31	☺
County:						
Honolulu	7.2	7.1	-0.04	6.5	-2.50	☺
Hawai'i	6.1	7.7	2.43	6.6	-4.01	☺
Kaua'i	7.5	8.0	0.75	6.4	-5.86	☺
Maui	7.5	8.7	2.83	6.6	-5.79	●
Ethnicity:						
Caucasian	5.4	5.6	0.30	5.2	-1.64	☺
Japanese	7.0	6.9	-0.14	7.1	0.55	●
Hawaiian	7.1	7.4	0.41	6.3	-4.21	☺
Filipino	9.6	8.8	-0.87	8.3	-1.60	☺
Chinese	4.6	6.2	2.90	4.3	-9.26	☺
Pacific Islander	3.9	4.1	0.58	4.5	2.19	●
African-American	10.0	11.0	0.97	10.6	-0.84	☺
Other	6.7	7.4	0.93	7.2	-0.61	☺

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Infant Mortality

The infant mortality rate is a widely accepted indicator of child health. While fewer than one percent of all live births in Hawai'i perish in the first year, this remains the period of greatest risk. In Hawai'i in 1994, there were 125 infant deaths as compared to 50 deaths among children ages 1 to 14. It is particularly useful in understanding the serious health risks faced by various racial, ethnic, and socio-economic groups.

STORY TOLD BY THE DATA:

There was a continuation of the long-time trend of declining infant mortality rate. Although county differences are reported, remember that these small numbers translate into wide rate fluctuations. Births have declined in each county between 1990 and 1994, with the number of deaths declining most markedly on the Big Island. The number of deaths increased by 2 in Maui and by 7 in Kaua'i. The same caution about small numbers is even more true for the ethnic data.

STORY TOLD BY EXPERIENCE:

I only had my first child two months and ten days and she died from crib death I wasn't able to have another child for eight years, not that I couldn't conceive, but I didn't think I could go through the possibility of losing a child again."

Roxanne

"It is so horrifying to think that one minute she was sleeping and the next she was gone. And the joy that was followed so quickly by emptiness... The pain is just indescribable, even now after all these years."

Mom

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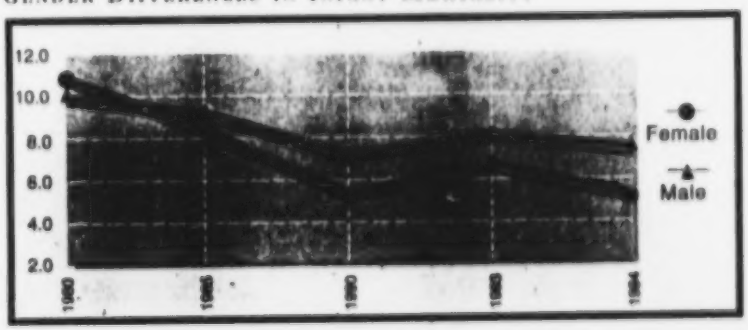
Infant Mortality Rate

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	10.1	6.5	-4.47	6.4	-0.11	●
County:						
Honolulu	10.1	6.4	-4.59	6.4	0.03	same
Hawai'i	9.2	9.0	-0.29	3.9	-21.04	●
Kaua'i	11.6	4.2	-10.07	12.3	26.62	●
Maui	10.6	5.3	-6.87	6.9	6.54	●
Ethnicity:						
Caucasian	12.0	4.8	-9.24	4.3	-2.67	●
Japanese	6.8	7.5	0.94	2.5	-27.51	●
Hawaiian	9.6	8.3	-1.40	11.3	7.59	●
Filipino	11.9	3.6	-12.03	4.6	6.19	●
Chinese	8.7	3.9	-8.08	9.7	22.85	●
African-American	11.6	11.4	-0.20	18.0	11.38	●
Pacific Islander	16.6	5.1	-11.74	5.3	0.97	●
Other	7.5	6.9	-0.77	3.2	-19.46	●
Gender:						
Male	9.9	7.3	-3.00	7.5	0.38	●
Female	10.2	5.5	-6.10	5.4	-0.76	●

Gender Differences in Infant Mortality



The [illegible] mortality has been [illegible] for females and the gap is quickening. Since [illegible] has declined by 24% for males and 4% for females.

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Fully Immunized Two-Year-Olds

Immunizations are recommended to protect children from childhood diseases (measles, mumps, rubella, diphtheria, pertussis, tetanus, and polio). These diseases have the potential to cause disability or even death. The full series should be administered early in childhood, by age 2, according to health experts. States which have a low immunization rate generally are characterized as having more barriers to health care for children.

STORY TOLD BY THE DATA:

Statewide, the retrospective studies of records of kindergarteners show some improvement. When the population is restricted to those receiving medical care at public health clinics, there is a record of dramatic improvement outside of O'ahu.

Note: A 1994 National Immunization Survey made estimates of vaccination coverage levels of children 19–35 months old. At least 250 children from Hawai'i were in the national sample of 26,247. This study estimated that 86% of young children in Hawai'i had received the "4:3:1 Series". The national average is 75%.

STORY TOLD BY EXPERIENCE:

"It's hard to know everything about your baby's care. I really depend on the doctor to know and to tell me when shots are needed. They make her fussy, but I know it's better for her in the long run. I think that some of the shots are new — I don't remember my son getting the same ones. At least by the time she goes to preschool I want her to be protected from the illnesses of the other children."

MARIA, MOTHER OF TWO

Percent Fully Immunized by Age 2

	1987	1992	Annual Rate of Change 1987–1992	1994	Annual Rate of Change 1992–1994	Recent Trend
State	67.9	60.8	-2.21	63.0	1.78	☺

PHN Surveys at Clinics	1993	1994	% Change	Trend
Honolulu	44	42	-4.55	●
Hawai'i	63	76	20.63	☺
Kaua'i	24	60	150.00	☺
Maui	25	81	224.00	☺

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Children At-Risk for Developmental Problems

This is obviously not an 'outcome' indicator, one which more directly reflects the well-being of children, but is an indicator of services provided. It is included with the belief that the provision of early identification and service will lead to a reduction in the need for special educational services at a later time. Children, from birth to age 3, are eligible for services when they are identified as being affected by the following: a developmental delay, a biological risk (mental or physical condition often resulting in a developmental delay), or an environmental risk. It is estimated that 25% of all children face one or more of these risk factors. The indicator shows how many of these are being identified and provided with service.

STORY TOLD BY THE DATA:

There has been an increase in the number of children birth to three years of age who have been identified as 'at risk for developmental problems' and provided services. 68.9% of those identified are living in socio-economic conditions that are known to have a negative affect on development, while 31.1% have identified physical or mental delays. The data are not available by county at this time.

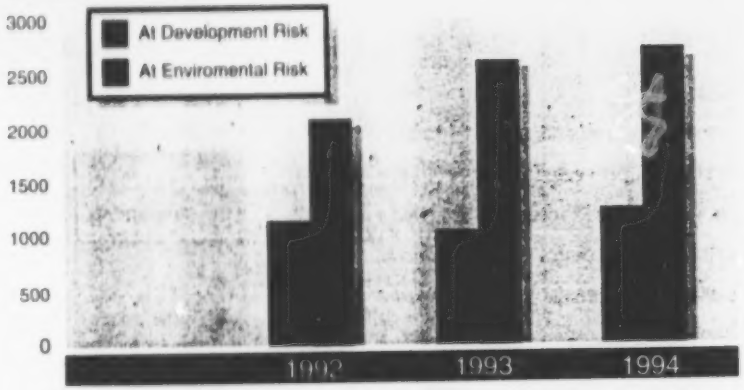
STORY TOLD BY EXPERIENCE:

"It is terribly frightening when you realize that your precious baby is not responding as quickly as others her age. You don't know what to do, what to expect, how to help. Then we began to work with people who taught us exercises and games that would make her stronger. And we met other parents with the same concerns. Now she is in school mostly in a regular class

Percent Identified as At Risk for Developmental Delay

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	4.1	5.6	15.76	6.8	12.55	☺

Trends in Risk



The increase in children identified and served in 1994 was reflected rather evenly in both risk categories.

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Preparing for School

The measure used here to indicate school readiness is enrollment of disadvantaged four-year-olds in subsidized preschool. 'Disadvantaged' children were those in families with income below the poverty level or receiving welfare. These are the children with less likelihood of having enriching experiences that help them be ready for the behavior and understandings needed for school success. In 1993–94, the subsidized programs included were Head Start, Kamehameha Schools Center-Based Preschool, and Open Doors.

STORY TOLD BY THE DATA:

The availability of a quality preschool experience is growing statewide and in each of the counties. There are other programs, mostly through the Department of Human Services, the Department of Education, and the military that are not included here as differing eligibility standards are used and some would be more properly called child care programs.

STORY TOLD BY EXPERIENCE:

"My daughter is in Head Start and I like that because I can talk to her and get a response. She can do most things for herself, yet she does still need me (and I like being needed a little bit). I really like the way we parents are involved in Head Start. ... I know what she is doing and some ways to help her. I'm learning, too, and I have some time to myself now."

Kona

Percent of Poverty Four Year Olds in Subsidized Preschool

	1993	1994	Annual Rate of Change 1993-1994	Recent Trend
State	41.8	70.0	12.88	☺
County: *detail partially illegible*				
	1993	1994	% change	Trend
Honolulu	941	1332	41.6	☻
Hawai'i	170	393	131.2	☻
Kaua'i	113	113	0.0	same
Maui	211	270	27.9	☻

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Child Abuse And Neglect (Birth through Age 5)

Normal development is very difficult for a child who has been subjected to abuse and/or neglect. Maltreatment can result in physical harm, in profound developmental and behavioral problems, and even death.

STORY TOLD BY THE DATA:

The rate of child abuse has decreased for this age group since 1990. However, it remains the group that faces the greatest risk of being abused. The decrease is not uniform at every age. In fact, the rate has increased for infants before their first birthday and for two-year-olds.

STORY TOLD BY EXPERIENCE:

"My home family, my parents, abused me. My mom hit me a lot. My dad sexually molested me from a very early age. It's affected me a lot because I do things now that I wish I never did. It's kind of hard to talk about my parents cause I haven't really forgave them for what they've done. Because they did not treat me right. I was the one to be punished. I had to live away from them and from my brothers. I felt like the outsider whether I was around my brothers or with my foster family."

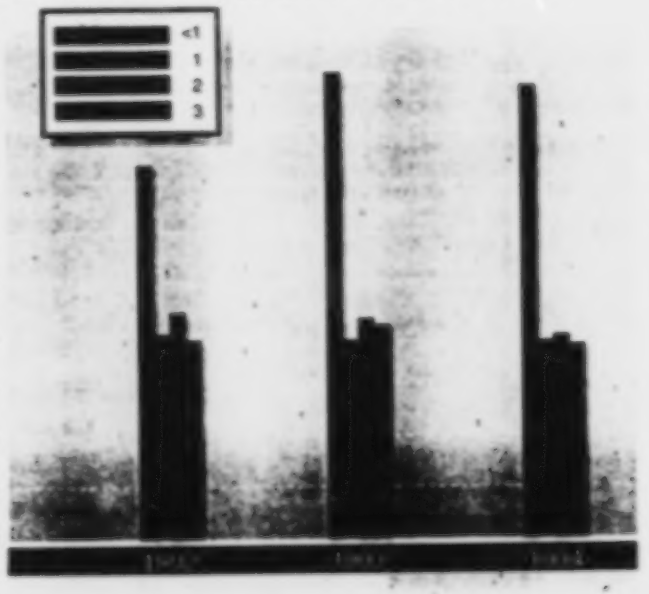
— Kayla, age 15

Rate of Child Abuse and Neglect, Ages 0–5

(per 1,000 children of this age)

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	4.3	10.4	8.81	8.9	-3.72	☺
Age-Specific Rates						
<1 year	4.8	30.1	18.32	17.4	-13.69	☺
1 year	4.0	5.9	3.87	7.4	5.45	●
2 years	4.0	10.4	9.53	7.6	-7.78	☺
3 years	3.7	5.6	4.10	7.3	6.49	●
4 years	3.5	3.6	0.84	3.6	-0.12	same
5 years	5.8	4.2	-3.06	6.1	9.17	●

Rates of Child Abuse Among the Youngest



Children are at least the risk of child abuse before they reach their first birthday. Rates of child at each age declined in 1994 compared to 1990.

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Today's children are tomorrow's most precious resource. We must take the time to inspire, to motivate, and to encourage our children. We need to help them set goals for themselves and to stand beside them as they seek to realize those goals.

Frank V. Cahouet, President and CEO
Mellon Bank Corporation

Early School Years

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Early School Years

Middle childhood, the years from six to twelve, generally marks a distinctive period between major developmental transition points. During this time, children gain access to new settings and encounter pressures that present them with fresh challenges. The widening world of middle childhood is marked especially by the entry into school. This involves a new set of social contacts with both adults and other children as well as a wider variety of settings than those that characterize early childhood.

Between the ages of six and twelve, the door to thinking is opened. Children are always trying to make sense of their world. They are driven to fit things together and make them into cohesive wholes. For the most part, school-age children are concrete operational thinkers. They feel a sense of pride in their work and achievements. Often children at this stage need little encouragement to develop a sense of industry and accomplishment

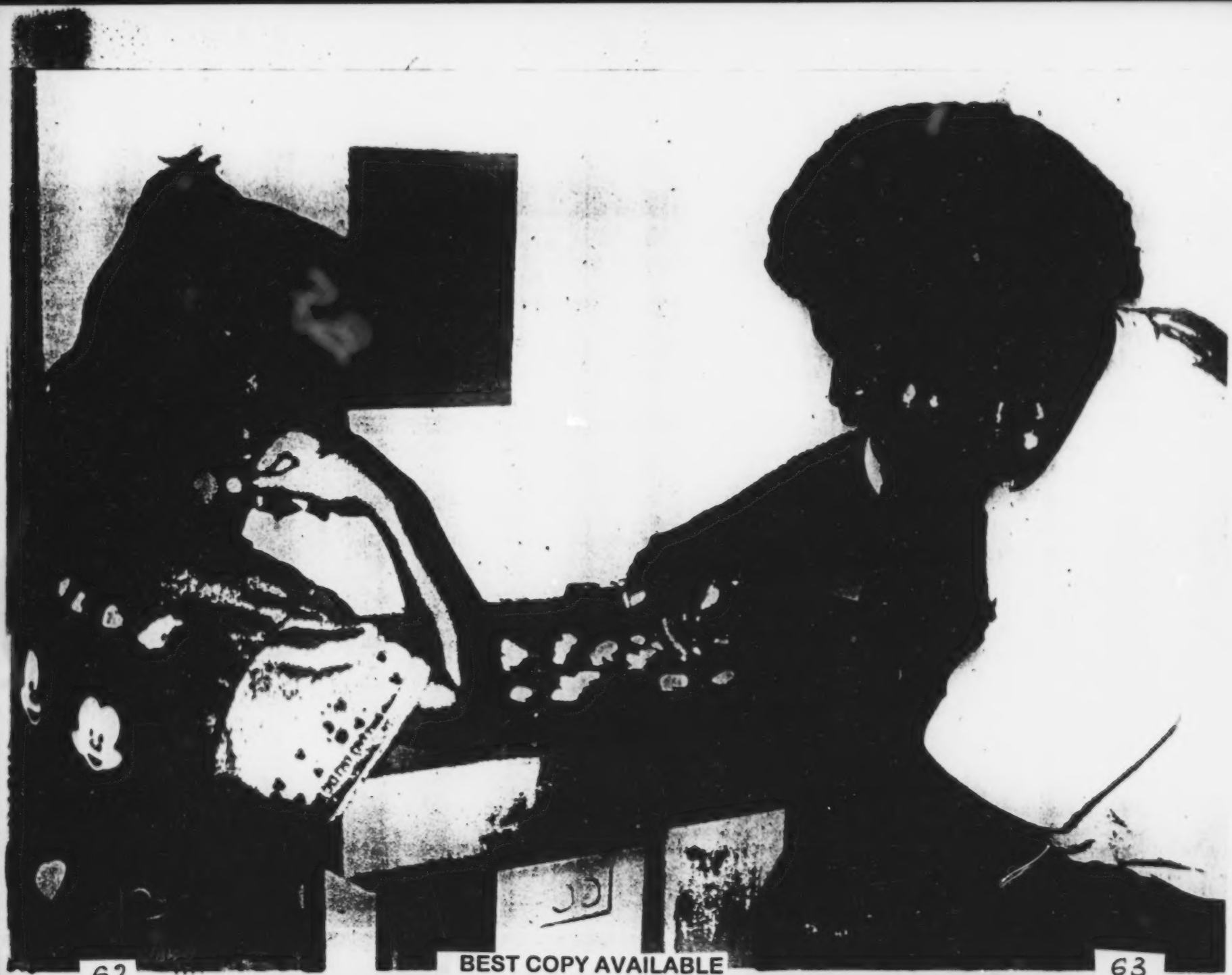
During middle childhood, physical growth decelerates and from outward appearances this could easily be described as a lengthening-out period. Children become better coordinated as they gain in strength. They experience a strong drive to be active. Junk food may become an issue as the child makes more independent judgments since good nutrition is critical for ensuring the stamina and energy needed for an active life.

Television affects the thoughts and feelings of school-age children. Some experts say that television hurries children and forces them to deal with information for which they have no foundations for understanding. Studies indicate that when children view television violence, they are prone to act aggressively.

Play is important as a basis for children to get to know their bodies and natural flow of movement. It promotes growth not only in the physical, but also in the cognitive and social-emotional domains. Middle childhood is a prime time for games and sports when learning rules and cooperation results in feelings of pride and accomplishment. Children need opportunities to contribute to each other's enjoyment, and play opens many such doors.

The family and primary care givers continue to have the most important socializing influence on the child at this stage. Although independence is a primary mode of behaving, children still need attention and guidance. The importance of parents' role during this age cannot be overstated. A fine line exists between letting children go or holding them too tightly to grow. Parents are no longer the only significant adults in the lives of children. As youngsters move into the community for longer periods of time each day, they are exposed to a variety of disciplinary and leadership styles.

Teachers, who exert a very strong influence on middle-age children, can provide an environment that tests the child's newly developed capabilities. Community leaders (such as coaches, scout leaders, church workers and neighbors) begin to play a major role during middle childhood. Organizations that offer children a chance to build their talents are important. Schools and churches give children other points of view and transmit new perspectives into their cultures and values. The importance of caring, trusting adults in these significant roles cannot be overemphasized. The development of attachments to responsible adults and peers creates significant resilience in children which is especially needed by those who are economically disadvantaged.



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The child death rate is a measure of deaths occurring to children ages 1 through 14, per 100,000 children. It is related to both health and safety of children: over a quarter of these deaths are classified as unintentional — drownings, motor vehicle or pedestrian incidents, and so forth.

STORY TOLD BY THE DATA:

The child death rate in Hawai'i is considerably below the US average, which was 30.5 in 1990, and improved to 28.8 in 1992. However, there is great variation within the state with the children in Hawai'i County facing the greatest risk and those in Maui County facing the least risk. Children of Hawaiian ancestry are at greatest risk among ethnic groups.

STORY TOLD BY EXPERIENCE:

"There can be no greater sorrow for a parent than to bury your young child. You stand in his room, see the toys that he will never play with again, think about the future that will be empty without him. When I close my eyes and see his laughing face, my heart breaks all over again and again and again."

FATHER OF SEVEN-YEAR-OLD TRAFFIC VICTIM

CHILD DEATH RATE, AGES 1–14

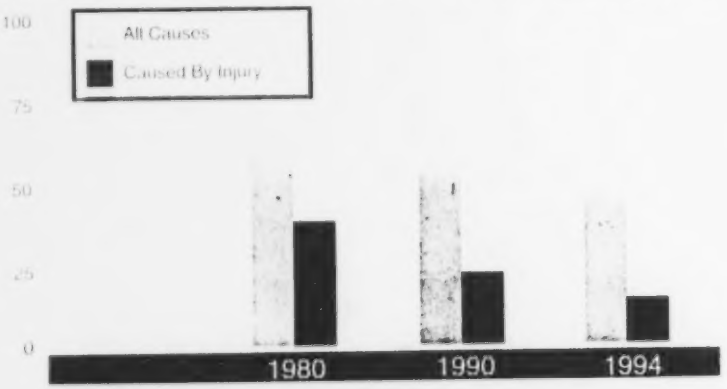
(per 100,000 children of this age)

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	33.1	24.3	-3.11	21.2	-3.34	☺
COUNTY:						
Honolulu	32.3	20.4	-4.61	18.9	-1.84	☺
Hawai'i	15.4	36.0	8.51	40.2	2.72	☹
Kaua'i	37.3	43.7	1.58	24.4	-14.61	☺
Maui	59.8	28.0	-7.59	8.7	-29.30	☺

ETHNICITY: (NUMBER OF DEATHS)

	1980	1990	1994	% of all child deaths	% of population	
Caucasian	14	9	5	10	30	☺
Hawaiian	20	20	21	42	18	☹
Japanese	15	5	5	10	16	same
Filipino	10	11	6	12	18	☺
Chinese	3	1	0	0	4	☺
Pacific Islander	3	2	6	12	4	☹
African-American	1	1	1	2	3	same
Other	3	5	6	12	–	☹

PROPORTION OF CHILD DEATHS OFFICIALLY FROM INJURIES



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Children of Working Parents in After-School Program

There is a growing trend both nationally and in Hawai'i for children to have both parents or their only parent in the labor force. A substantial number are "latchkey" kids — they spend some or all of their parents' working hours home alone. This is more true for older kids, for kids whose mothers work full-time, and for those living in suburban areas. We track only those kids enrolled in the A+ program. While there are other very satisfactory arrangements, the A+ enrollment provides a general indication of children in organized programs.

STORY TOLD BY THE DATA:

There was a slightly smaller percentage in A+ after school care in 1994 than there was in 1990, but this is 10% less than in 1993. County variation is considerable. In subsequent years the trends in enrollment by county will be important to note. These trends can then be compared to trends in childhood injuries for this age group and to negative outcomes in adolescent behavior, which research has shown to be linked to lack of adult ties and unproductive use of time.

STORY TOLD BY EXPERIENCE:

"I worry if everything is okay in school and if they get home safe. I worry more about strangers doing things to my children than about the children doing something stupid. They have activities a couple of days a week that take up the time until I get home and I do assign them chores. But, they aren't disciplined as much as they should be, they watch... They aren't disciplined as much, they watch too much TV, and I worry, worry, worry."

TERRI, MOTHER OF TWO (AGES 8 AND 10)

Percent of Work Force Children in After School Program (ages 5-10)

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	n.a.	43.3	n.a.	41.5	1.0%	☹
County:						
Honolulu	n.a.			41.9		
Hawai'i	n.a.			41.0		
Kaua'i	n.a.			46.0		
Maui	n.a.			36.5		

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Measuring Academic Progress

Does money matter, when it comes to improving education and student achievement? In September 1994, the American Legislative Exchange Council reported: "An analysis of the latest available student performance measures, compared with expenditures, average teacher salaries, and other education spending variables, indicates no direct or systematic relationship between spending and student performance". However, in April 1996, the National Conference of State Legislatures stated: "Recent studies have taken advantage of more sophisticated research methods to re-analyze the results of almost 20 years of studies and to craft new ones. This new body of research challenges earlier findings." The new research concluded that "there was a positive relationship between expenditure and student achievement." The greatest difference occurred when increased funding went toward smaller class sizes, more experienced teachers and teachers with higher levels of formal education.

How does Hawaii stack up in school expenditures? A recent study by the Center for the Study of the States examined how funding of programs for children varies among the 50 states. It was found that four factors affect state and local spending for children's services:

- the number of children and how many of them are poor;
- the fiscal capacity of state and local governments;
- the effort exerted to utilize that fiscal capacity; and
- the share of available revenue devoted to children's programs as opposed to other services.

The number of children drives the need for services. Fiscal capacity shows how much states can potentially afford to spend. Tax effort tells how much of that capacity is actually tapped. Finally, each state's priorities determine how much of its total revenue goes to children's programs.

As a general rule, the higher a state's per capita income, the more it tends to spend per pupil. The relationship between per capita income and school spending as a proportion of personal income is much weaker, although it is still positive. Hawaii is among the lowest states (at least 20% below average) in education spending per $100 of personal income. Others in this category are Alabama, California, Florida, Illinois, Massachusetts, Missouri, Nevada, and Tennessee.

Real Education Spending per pupil
(in 1992 dollars)

	1970	1980	1992	% Change
US average	$3,126	$3,958	$5,421	73.4
Hawai'i	$3,222	$4,4045	$5,420*	68.2

*adjusted for cost of living = $4,202, ranking 44th among 50 states

Real Per Capita Personal Income
(in 1991 dollars)

	1970	1980	1992	% Change
US average	$14,573	$15,704	$19,199	31.7
Hawai'i	$16,951	$16,659	$21,621	27.6

*adjusted for cost of living = $16,659

Education Spending per $100 of Personal Income
(in 1992 dollars)

	1970	1980	1992	% Change
US average	$4.46	$4.30	$4.31	-2.2
Hawai'i	$4.29	$3.87	$3.60	-16.0

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Academic Progress

Since learning is widely considered to be the number one "job" of childhood, it is important to assess how well that "job" is being done. While the first Hawai'i Kids Count Databook used the results of the National Assessment of Educational Progress for fourth graders as the indicator, the same measure is not available each year. In fact, the entire program is being curtailed by the budget difficulties on the national level. Therefore, the percentage of elementary school students (third grade) scoring average or better on the math section of the Stanford Achievement Test is reported.

STORY TOLD BY THE DATA:

Data for over four years is reported. However, scores for 1990–91 and earlier are from the SAT 7th Edition; scores for later years are from 8th Edition. Both content and norms were changed for the new edition, so comparing scores from the two editions is not valid. Therefore, the change measured is between the 1992 and 1994 data. This indicates no change on the state level, but slightly more students in Hawai'i and Maui Counties scored below average in 1994 than earlier. There was definite improvement in Kaua'i.

STORY TOLD BY EXPERIENCES

"It's exciting to see how much my son is learning. Even now he comes home and tells me things I didn't know. Some of his homework is beyond me and I can't always help him. Now we are having some disagreement between me and his Dad about our standards. Should we insist on A's or A's and B's? Or should we just insist that he does his best? What if something is to hard or if he can't understand the teacher

Percent of Third Graders scoring Average and Above Average in Mathematics *(Stanford Achievement Test)*

	1990	1992	1994	Percentage of Change 1992-1994	Recent Trend
State	80.1	81.3	81.4	0.1%	☺
County:					
Honolulu	80.2	82.1	82.3	0.2%	☺
Hawai'i	74.6	77.9	76.5	-1.7%	☹
Kaua'i	81.4	78.1	81.3	4.0%	☺
Maui	86.3	82.6	81.2	-1.7%	☹

Percent of Fourth Graders At Or Above Basic Level in Reading *(National Assessment of Educational Progress)*

	1992	1994	Percentage of Change 1992-1994	Recent Trend
State	44	44	0.0%	no data
Gender:				
Male	39	38	-2.56	☹
Female	49	49	0.0%	no data
Race:				
Caucasian	59	65	10.1%	☺
African-American	29	30	3.4%	☺
Hispanic	32	32	0.0%	no data
Asian	n.a.	61	n.a.	
Pacific Islander	n.a.	32	n.a.	

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Children with Special Needs

This is a measure of assistance provided to students with special educational needs. Studies have shown that close to 12% of students could qualify for special educational services, so an increased percentage receiving services will be considered an improvement until such time as the percentage served approximates the estimated demand.

STORY TOLD BY THE DATA:

Between 1990 and 1994, there has been a significant increase in the percentage of elementary school students receiving special educational services in Hawai'i. Information at the county level is not available for that period of time, so more recent data are evaluated. This shows that services increased by over 10% in Kaua'i from 1993 to 1994, while Honolulu and Maui Counties experienced decreases.

STORY TOLD BY EXPERIENCE:

"It's great watching a handicapped child reach goals. It took Beth until age five to be able to ride a tricycle and it was so exciting when she finally did it!

Beth's Mom

"We have to be involved in her education more than usual parents. I think and sometimes it is hard to get time off from work for meetings with teachers but this is important so that there are consistent expectations of her progress."

PERCENT OF PUBLIC SCHOOL ELEMENTARY STUDENTS IN SPECIAL EDUCATION

	1980	1990	Annual Rate of Change 1980–90	1994	Annual Rate of Change 1990–94	Recent Trend
State	4.5	4.4	-0.19	5.6	6.03	●

COUNTY:	1993	1994	% Change	Trend
Honolulu	5.7	5.5	-3.51	●
Hawai'i	5.3	5.5	3.77	●
Kaua'i	6.7	7.5	11.94	●
Maui	4.8	4.6	-4.17	●

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Other Educational Measures in Elementary Years

While academic achievement is the important indicator related to schooling, other behaviors are being stressed as well. Attendance and behavioral measures give a hint of maturing, taking responsibility for actions. Some of the 'environmental' indicators (percent receiving nutritional assistance and percent not changing schools in mid-year) are indicative of the stresses faced by students.

STORY TOLD BY THE DATA:

Compared to 1993, attendance was up slightly, especially in Hawai'i County. More students were referred for disciplinary attention. More students were able to spend the entire year at the same school, although there was more school-to-school variation. The proportion of students requiring nutritional support increased in every county, with the greatest increase on the Big Island.

STORY TOLD BY EXPERIENCES

"I feel like her attendance and her behavior in school are my grades, how I'm doing as a parent. I can't take the test for her, but I can make sure that she is in school every day that she isn't sick, that she is on time and ready to work. I know that her classmates influence her behavior, but still I think she mostly behaves the way she has been taught at home: respect the teacher, be quiet except for recess, leave other people's belongings alone... that sort of thing. But intermediate and high school maybe something different!"

1994 Average Daily Attendance

State	94.9%
County:	
Honolulu	94.7%
Hawai'i	93.2%
Kaua'i	93.2%
Maui	93.6%

1994 Percent Completing Year in Same School

State	95.8%
County:	
Honolulu	94.6%
Hawai'i	96.7%
Kaua'i	97.0%
Maui	96.8%

1994 Percent of Students with Class B Disciplinary Referrals (less serious infractions)

State	958 students referred = 0.6%
County:	
Honolulu	477 students referred = 0.6%
Hawai'i	411 students referred = 2.9%
Kaua'i	23 students referred = 1.0%
Maui	47 students referred = 0.5%

1993 Percent Receiving Free/Reduced Price Lunch

State	40.0%
County:	
Honolulu	37.9%
Hawai'i	54.0%
Kaua'i	40.0%
Maui	35.6%

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Child Abuse and Neglect (Ages 6 through 11)

The emotional and physical damage children suffer from abuse and neglect is extensive. Documented consequences of abuse include chronic health problems and poor emotional development such as low self-esteem, lack of trust, and poor relationships with adults and peers.

STORY TOLD BY THE DATA:

While the overall rate of child abuse and neglect has decreased each year since 1990, the rate for children ages 6 through 11 has increased. For 1994, the risk to children in this age range was higher than that for older children, although still lower than that for those at younger ages. The overall rate of child abuse and neglect has declined in Honolulu and Kaua'i counties, but increased in Hawai'i and Maui. The Big Island now has the highest rates. Among the ethnic groups, only Japanese and Hawaiian/part-Hawaiian children are at slightly greater risk than at the beginning of the decade. Chinese and Japanese children have the lowest rate.

STORY TOLD BY EXPERIENCE:

"Moving from one foster home to another is so hard. I just want to know that I am safe, that I belong somewhere, that someone's going to take care of me. When I had to change schools again last year, I didn't like my new teacher and the kids weren't friendly. There was just so much different, so much to get used to all at once."

Michael, age 9

Rate of Child Abuse and Neglect, Ages 6–11

(per 1,000 children of this age)

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	3.2	4.8	4.30	7.3	10.37	

Rate of Child Abuse and Neglect, Ages 0–17

(per 1,000 children of this age)

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	3.6	8.1	8.10	7.7	-1.45	
County:						
Honolulu	3.6	7.2	6.93	6.3	-3.31	
Hawai'i	2.8	4.5	4.82	12.5	25.67	
Kaua'i	5.3	14.8	10.25	10.4	-8.79	
Maui	2.6	6.4	9.12	8.3	6.40	
Ethnicity:						
Caucasian	3.1	4.7	4.10	3.2	-10.00	
Japanese	0.5	0.5	-0.40	0.6	3.97	
Hawaiian	4.9	13.2	9.91	14.6	2.60	
Filipino	1.5	3.0	6.73	2.5	-4.40	
Chinese	1.4	0.8	-5.28	0.4	-14.90	
African-American	4.4	9.4	7.60	5.0	-15.76	
Pacific Islander	n.a.	9.8	n.a.	8.2	-4.61	
Other	n.a.	31.5	n.a.	31.8	0.24	
Gender:						
Female	3.9	9.3	8.72	8.7	-1.43	
Male	3.1	7.0	8.13	6.4	-2.34	

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America is failing its youth. It is accepting attitudes, behavior, social mores, and outcomes that will lead to economic disaster. We can no longer pretend the problem does not exist or is not a factor in our competitiveness.

William H. Kolberg, President
National Alliance of Business

Adolescence and Youth

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Adolescence and Youth

Adolescents have a great deal of discretionary time. Only 60% of young peoples' waking hours are consumed by school, employment, eating, chores, or homework. Growing up in households in which parents are spending increasingly more hours at work and in neighborhoods where neighbors don't know each other, many adolescents spend much of this discretionary time alone. According to a 1988 National Education Longitudinal Study, 27% of eighth graders spent two or more hours at home alone after school. Today's youth are encountering tobacco, alcohol, drugs, and sexual activity at earlier ages, and those youth who spend time unsupervised are more prone to engage in risky behavior. Youth from low-income families are more likely to attend poor schools, face risks in their daily lives, and be unsupervised. These youth are also the least able to access youth-serving organizations.

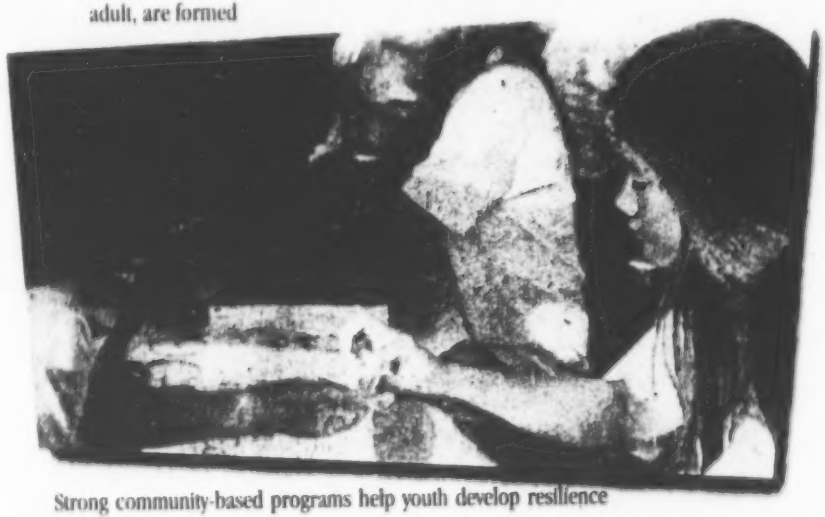
Nonschool discretionary time represents an enormous potential for either desirable or undesirable outcomes in a young person's life. Young people are themselves interested and excited about the opportunity to use their nonschool time in positive and creative ways. Research has found that young people who participated in youth groups reported increased pride, self-confidence, communication skills, ability to work with others, and leadership and employment skills. In one study, 58% of those fourteen- to seventeen-year-olds sampled participated in volunteer work and other adolescents expressed interest in volunteering. Young adolescents have a great deal of positive – if often not wholly tapped – energy from which communities would certainly benefit.

As with other stages of growth, there is multi-faceted development. Adolescent problems are likely to stem from involvement in risk-taking behaviors (e.g. driving under the influence of alcohol or engaging in unprotected sexual activity) to which adolescents are sometimes prone.

High poverty and drop-out rates are definitely connected to adolescent health issues as young people who are impoverished or who drop out of school are at greater risk of poor health. Young people who are both academically-poor students and living in poverty are three to five times more likely to become adolescent parents than their peers who are good students and live above the poverty line. While pregnancy rates are often higher for minority youth populations, the difference often disappears when controlled for educational performance and poverty. In fact, adolescents from racial and ethnic minorities are beset by a number of problems, many of which are more likely to be explained by differences in socioeconomic status.

Researchers have identified some themes in the positive and healthy development of young people. Resiliency in youth can be encouraged so that they are better able to withstand crises and stress. These include:

- a support system, most likely in the form of a supportive family, but alternatively from some other concerned adults;
- schools which are small, comfortable, safe, and intellectually engaging and emotionally intimate communities; and
- peers with whom positive relationships, often under the guidance of an adult, are formed



Strong community-based programs help youth develop resilience through building social competence, problem-solving skills, independence, and sense of purpose and of future. In addition, strong community-based programs provide adult role models and mentors for young people and create a source of stability for youths and their families.

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Academic Progress

Since learning is widely considered to be the number one "job" of childhood, it is important to assess how well that "job" is being done. While the first Hawai'i Kids Count Databook used the results of the National Assessment of Educational Progress for eighth graders as the indicator, the same measure is not available each year. In fact, the entire program is being curtailed by budget difficulties on the national level. Therefore, the percentage of intermediate school students scoring average or better on the math section of the Stanford Achievement Test is reported.

STORY TOLD BY THE DATA:

Data for over four years are reported. However, scores for 1990–91 and earlier are from the SAT 7th Edition; scores for later years are from the 8th Edition. Both content and norms were changed for the new edition, so comparing scores from the two editions is not valid. Therefore, the change measured is between the 1992 and 1994 data. This indicates slight improvement for the entire state, but more students in Hawai'i and Maui Counties scored below average in 1994 than earlier.

Percent of Intermediate School Students Scoring Average or Better on SAT Math Test

	1990	1992	1994	% Change 1992–94	Recent Trend
State	75.0	73.8	74.4	0.70	●
County:					
Honolulu	74.7	74.1	75.5	1.82	●
Hawai'i	78.7	78.3	75.0	-4.26	●
Kaua'i*	75.0	72.7	77.3	6.42	●
Maui	74.2	70.8	67.8	-4.24	●

* includes some tenth grade students

Other Educational Measures in Secondary School Years

While academic measures provide indications of the developing abilities of teenagers, other measures tell about the readiness to learn and about self-discipline. Low attendance is often related to lack of safety in school. Access to nutritional support is an indication of economic security. Trends in disciplinary referrals may reflect changes in behavior or may reflect efforts at social control.

STORY TOLD BY THE DATA:

Increasing percentages of students needing free or reduced price lunches reflects the economic conditions of the state, which may also affect the declining percentage of seniors that get a diploma at the end of the academic year. It is encouraging to note the improvements in attendance and in discipline.

STORY TOLD BY EXPERIENCE:

"Some of my teachers really stress attendance. One said that we need to learn that it is important to be on the job and school is our job right now. In some classes, just showing up and doing a little work can get you a good grade.

This is the second high school I've been in. discipline is different. I mean in one school a kid will get suspended for something, in another school it's no big deal. When it's a little tight, when they stick with the rules we all complain, but at least you know what to expect. When it's too strict kids get hard punishment for things that they couldn't help, which doesn't seem fair. I do want school to be safer. ... I really hate going to the bathroom in case there's someone there I don't want to see. And it gets real tiresome getting your stuff ripped off. I mean, you gotta be there so you shouldn't get penalized by that, too!"

Average Daily Attendance

	1990	1994	Percent Change 1990-94	Recent Trend
State	90.8	91.4	0.66%	●
County:				
O'ahu	91.1	91.4	.33%	●
Hawai'i	88.4	88.5	.11%	●
Kaua'i	91.0	89.8	-1.32%	●
Maui	88.4	92.7	4.86%	●

Percent of Seniors Earning a Diploma (course requirements met, plus passing Hawai'i State Test of Essential Competencies)

	1990	1994	Percent Change 1990-94	Recent Trend
State	92.1	90.8	-1.41	●
County:				
O'ahu	91.5	90.7	-.87	●
Hawai'i	93.2	91.9	-1.39	●
Kaua'i	93.8	91.9	-2.03	●
Maui	93.4	89.1	-4.60	●

Percent of Students Suspended for Class A Disciplinary Offenses (e.g., burglary, robbery, sale of dangerous drugs)

	1990	1993	Percent Change	Recent Trend
State	2.5	1.9	-24.0	●
County:				
Honolulu	2.1	1.9	9.5	●
Hawai'i	2.2	1.9	13.6	●
Kaua'i	4.6	1.1	76.1	●
Maui	3.6	2.2	38.9	●

Percent Receiving Free/Reduced Price Lunch

	1990	1993	Percent Change 1990-94	Recent Trend
State	16.7	19.9	19.2	●
County:				
Honolulu	11.5	17.0	47.8	●
Hawai'i	36.2	34.6	-4.4	●
Kaua'i	12.5	11.3	-9.6	●
Maui	17.4	16.7	-11.5	●

High School Graduation

The 'on-time' graduation rate, calculated by dividing the number of graduates in any year by the number of students entering ninth grade four years earlier, is not an ideal indicator of educational attainment. It can be affected by migration — there is no assurance that the potential graduating class is much like the class that entered ninth grade. However, it is available annually and data are available by county, so it is probably helpful as trend analysis.

STORY TOLD BY THE DATA:

The on-time graduation rate for the state was slightly lower in 1994 than in 1990, although 1993 had been slightly higher. Only Honolulu County showed improvement, although this may be a reflection of students moving to O'ahu from the neighbor islands. That would affect rates in both places. The biggest change was in Maui, where there was a 19% decrease in on-time graduations.

STORY TOLD BY EXPERIENCE:

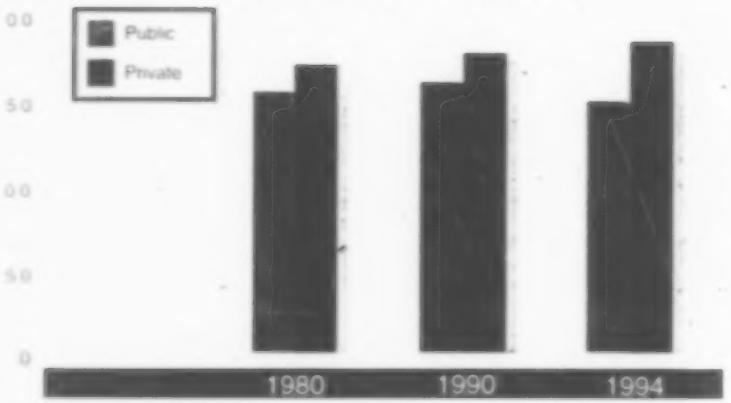
"For on-time graduation had been my goal. I knew it was essential for getting a job, to supporting my family. For kinds of jobs I really want, regular ... though. Now I'm going to the community college where I will ... work. The fact is that ... the hours are regular enough that I can be sure to finish the semester. Education doesn't seem to guarantee you a job, but the lack of education can mean that you don't work at all."

— [illegible]

Percent of On-Time High School Graduates

	1985	1990	Annual Rate of Change 1985–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	85.0	79.6	-1.31	79.0	-0.21	●
County:						
Honolulu	82.8	77.5	-1.31	77.8	0.10	●
Hawai'i	93.4	85.7	-1.72	83.6	-0.62	●
Kaua'i	95.2	96.3	0.22	93.2	-0.82	●
Maui	92.0	81.4	-2.45	74.5	-2.20	●

Trend in On-Time Graduation by School Type



The highest rate of on-time graduation for private schools will not be surprising to many, but the growing gap between the rate for private schools and public schools is troubling.

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Idle Teens

Older teenagers are in transition to adulthood. They are expected to take on new responsibilities and more adult roles. An examination of the percentage of older teens who are not attending school or working indicates what proportion of the youth population is not taking on expected roles. The alternative measure, percent not in school and not in the labor force, was used in the 1995 Hawai'i Kids Count Databook. Those not working but looking for work or temporarily out of work are considered to be "in the labor force". This is less affected by youth unemployment. However, more recent data are not available.

STORY TOLD BY THE DATA:

There has been little change in the 1990s in the proportion of youth who are idle as defined here. However, this is an area where the youth of Hawai'i rank poorly when compared to youth in other states. In 1993, that rank was 26th, according to the national Kids Count report.

STORY TOLD BY EXPERIENCE:

"They want the privileges of adults, but not the responsibilities. My son seems to find it necessary to constantly tell me I'm wrong, regardless of actual fact. The word 'work' is not in his vocabulary, but buy me is!"

Mom, mother of 18-year-old

"I'd like to find a job that is interesting, but most of my friends are either slaving at a fast-food place or going to college. I don't know for sure what I want to do, so college might just be a waste of time. I need to relax after all the pressure of high school and try to decide what will be best for me."

Teen, age 18

Percent 16- to 19-Year-Olds Not In School, Not Working

	1985	1990	Annual Rate of Change 1985–1990	1993	Annual Rate of Change 1990–1993	Recent Trend
State	11	10	-1.91	10	0.00	same

Percent 16- to 19-Year-Olds Not In School, Not In Labor Force

	1980	1990	Annual Rate of Change 1980–1990	1992	Annual Rate of Change 1990–1992	Recent Trend
State	4.6	5.0	0.83	5.2	1.96	●
County						
Honolulu		4.8				n.a.
Hawai'i		6.3				n.a.
Kaua'i		5.7				n.a.
Maui		6.4				n.a.

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Juvenile Arrests for Violent Crimes

There are other indicators that might show more about actual teen delinquent or criminal activity. However, the definitions and enforcement are more uniform when serious type of crime is involved so that rates may be compared among the states. 'Violent crime' is defined here as homicide, forcible rape, robbery, and aggravated assault.

STORY TOLD BY THE DATA:

The rate of arrests of juveniles for violent crimes has decreased in Kaua'i and Maui Counties, but not elsewhere in the state. The higher rates in O'ahu and Hawai'i cause the state rate to reflect an increase. Although it is a standard measure and comparable to rates in other states, the rate is artificially low because it is 'per 100,000 teens' which includes females with a very low rate.

STORY TOLD BY EXPERIENCE:

"Crime is easy when you've got nothing to lose. At least I have some money and some guys to hang around with - we don't bother anyone around here. I've been in trouble at school and with the cops — now I feel like they've just watch[ed] me to see what I do [illegible]

Juvenile Violent Crime Arrest Rate

(per 100,000 teens ages 10-17)

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	218	242	1.06	258	1.55	●
County:						
Honolulu	232	249	0.70	292	2.40	●
Hawai'i	167	205	2.07	182	1.69	●
Kaua'i	188	243	2.55	110	-15.64	●
Maui	160	229	3.59	133	-7.74	●
Gender:						
Female	38	48	2.33	58	4.45	●
Male	386	423	0.93	462	2.17	●

Ethnicity: *(percent of youth arrests for violent crimes)*

	1980	1990	1994	% of youth population	Recent Trend
Caucasian	8.5	14.1	12.3	30.2	●
Japanese	3.3	3.5	3.4	15.8	●
Hawaiian	46.7	32.2	31.6	18.4	●
Filipino	7.7	23.3	10.7	17.5	●
Chinese	0.4	1.1	1.5	3.8	●
Pacific Islander	12.9	13.8	16.0	3.5	●
African-American	0.4	1.1	6.4	2.9	●
Other	19.9	9.9	17.5	7.9	●

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Substance Use

Early use of cigarettes appears to influence frequency as well as duration of use of tobacco and increases the potential for long-term health consequences. The direct effects of tobacco use on the health of young people have been greatly underestimated. Nicotine dependency through cigarette smoking is not only the most common form of drug addiction, but the one that causes more death and disease than all other types of addictions combined.

Cigarette smoking is neither necessary nor sufficient for other forms of drug abuse or dependence. However, several studies have identified cigarette smoking as a risk factor in the development of alcohol use and illegal drug use.

STORY TOLD BY THE DATA:

Nationally, smoking rates of teenagers have recently increased, after nearly a decade of remaining constant, despite the accumulating evidence of smoking's lethal effects. The increases are among boys and girls of all socio-economic levels, among those planning to attend college as well as those who will not, in all regions of the country, and in both urban and rural settings. The rates have recently increased in Hawaii as well. Adolescent girls are at greater risk of smoking than boys.

STORY TOLD BY EXPERIENCE:

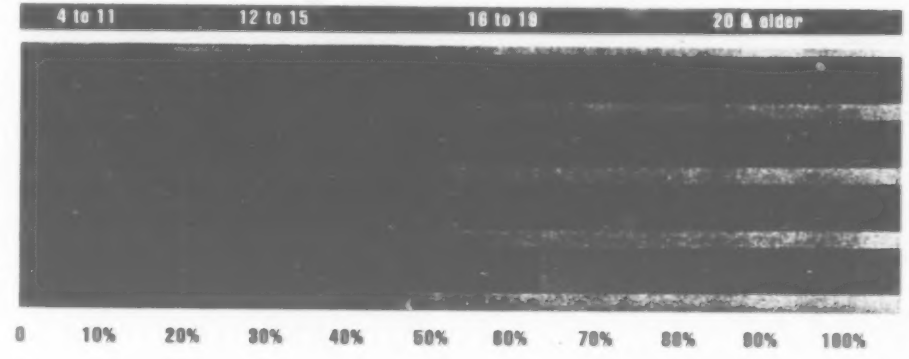
"Lots of my friends smoked so I started too. It makes me feel more sophisticated and calms me down when I'm uptight. After a demonstration at school of smoking's effect on lungs, I sort of tried to quit, but not for long."

Jessica, age 17

PERCENT OF HIGH SCHOOL STUDENTS WHO SMOKE REGULARLY

	1991	1993	Annual Rate of Change 1990–94	Recent Trend
State	23.3	29.4	11.63	●
GENDER:				
Female	24.3	27.6	6.37	●
Male	22.3	24.2	4.09	●

AGE AT WHICH ADULT SMOKERS BEGAN SMOKING REGUARLY



Teenage Pregnancy

While being born to a teen mother places a baby at risk of some health and developmental problems, there is also an effect on the teen woman who becomes pregnant. She faces choices that will remain with her the rest of her life. Whatever her decision, studies have shown that she is at heightened risk of school failure and delinquency which could place limitations on her life opportunities.

STORY TOLD BY THE DATA:

The rate of teen pregnancy has fallen slowly but steadily for females 15–19 since 1990. This is primarily due to declines at the older ages, with the rate still rising sharply among 16-year-olds. The counties of Honolulu and Kaua'i have shown declines, while Hawai'i County has experienced a substantial increase.

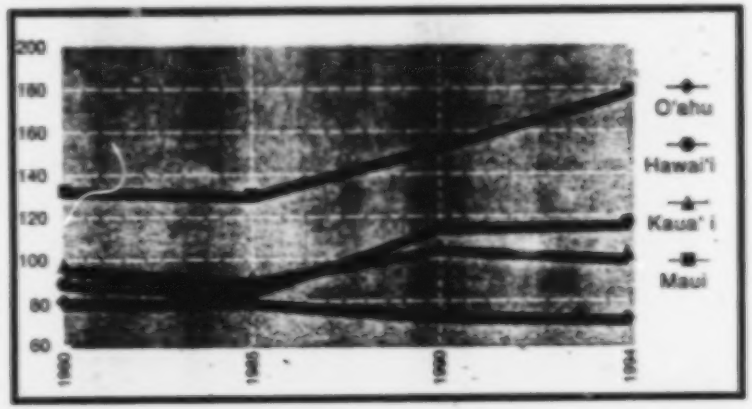
STORY TOLD BY EXPERIENCE:

The second time I got pregnant I resisted all the pressures from my folks and from Karen to have an abortion. I'm not sure yet if that was the right thing to do. I'm thinking that I could let it be adopted — but that would be really hard to do. I'll probably have to quit school 'cause I don't think anyone will help me much.

Teen Pregnancy Rate
per 1,000 women ages 15–19

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	87.5	92.6	0.57	91.0	-0.44	●
County:						
Honolulu	79.5	75.1	-0.56	73.5	-0.54	●
Hawai'i	131.8	157.0	1.75	179.3	3.32	●
Kaua'i	91.9	104.9	1.32	99.8	-1.25	●
Maui	84.6	113.3	2.92	117.6	0.92	●
All-Specific Pregnancy Rates (per 1,000 women)						
15	22.1	29.9	3.02	29.9	0.02	same
16	42.0	47.7	1.28	60.8	6.05	●
17	76.9	87.4	1.28	87.3	-0.03	●
18	128.1	129.2	0.09	130.5	0.24	●
19	158.1	161.9	0.24	138.0	-4.00	●

Teenage Pregnancy Rates by County



Different trends are observed in each county. pregnancy rates have increased dramatically on Hawai'i, increased somewhat on Kaua'i and slightly some on Maui, but declined on O'ahu.

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Abuse and Neglect (Age 12 through 17)

Research shows a strong correlation between a history of abuse and a variety of problem behaviors that extend into adulthood, including substance abuse, criminal activities, and poor social adjustment.

STORY TOLD BY THE DATA:

The rate of abuse and neglect of adolescents and youths has declined since 1990. The decrease has been more substantial for this age group than for the very young.

NOTE: The rate shown this year is per 1,000 kids while last year the rate was per 100,000 kids. There have been some amendments in numbers as information from the Annual Statistical Report of the Department of Human Services was used. In 1995, data were from a special tabluation of that department.

STORY TOLD BY EXPERIENCE:

"I had a wonderful, sweet, loving mother who was trapped in the marriage and felt like there was no way out. I don't like to detail exactly what happened to me. It's very painful and I feel like the scars and the broken bones and the pain are never going to go away..."

ROSEMARIE, AGE 15

Rate of Child Abuse and Neglect Ages 12–17

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	3.7	7.7	7.15	6.4	-4.29	

Incident: of Maltreatment in Hawai'i by Type, 1994

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Teen Violent Deaths (Ages 15 through 19)

Deaths of teenagers by suicide, by homicide, or by accident are potentially preventable and, as such, represent serious failings in society. Illness is the cause of fewer than half of teen deaths. Violent deaths are a measure of the ability of teenagers to make safe and healthy choices regarding their lives.

STORY TOLD BY THE DATA:

The rate of teen violent deaths continued to decrease in Hawai'i and in all counties except Kaua'i. The rate for females declined much more than for males. In 1994, there were no deaths due to homicide in Hawai'i County or in Kaua'i, no suicides in Kaua'i, and no deaths from injury in Maui. Native Hawaiian, Pacific Islander, and African-American youths are over-represented (for Hawaiians, 40% of the deaths but only 18% of the teen population; for Pacific Islanders and African-Americans, each has 7% of the deaths but only 4% of the teen population). Caucasian teens are the most under-represented with 17% of the deaths and 30% of the population.

STORY TOLD BY EXPERIENCE:

"It is so hard, so hard to go on every day even doing the simple things. My best friend was killed in a traffic accident last year. It was not his fault or nothing. I was supposed to be with him, but my dad made me work at home. What does that mean?"

Maisie, age 17

Teen Violent Deaths

	1980	1990	Annual Rate of Change 1980–1990	1994	Annual Rate of Change 1990–1994	Recent Trend
State	53.2	52.4	-0.42	38.9	-6.77	
County:						
Honolulu	54.0	43.6	-2.14	35.4	-5.20	
Hawai'i	37.1	77.0	7.30	59.6	-6.42	
Kaua'i	67.5	30.3	-8.00	56.6	15.47	
Maui	60.1	109.1	5.97	28.9	-33.18	
Gender:						
Female		23.3		8.0	-26.83	
Male		72.5		66.9	-2.01	

NOTE: The number of teen violent deaths is small so that great variability is expected over time. For example, the number of deaths in Kaua'i was 1 in 1990 and 2 in 1994, but this results in a large change in the rates.

Causes of Teen Deaths in 1994, age 15–19

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What Can Be Done

Now that we can see facts about the well-being of children in Hawaii, what can we do to make more of the trends earn 'happy faces'? Whether one starts from a specific desired outcome (school readiness, high school completion, responsible social behaviors, etc.) or looks at them as overall well-being, a common list of essential underlying conditions emerges. Charles Bruner, in ***Realizing a Vision for Children, Families, and Neighborhoods: An Alternative to Other Modest Proposals***, summarizes findings of studies of risk, protective factors, and resiliency in children as follows:

CONDITIONS NEEDED FOR CHILDREN TO SUCCEED AT HIGH LEVELS

Safety and Security

- economic and physical security, within the home and neighborhood
- environmental and public safety

Social Support and Resiliency

- a nurturing, stable family environment
- adult mentors and role models in the community
- opportunities to exert effort and achieve success

Professional Services and Supports

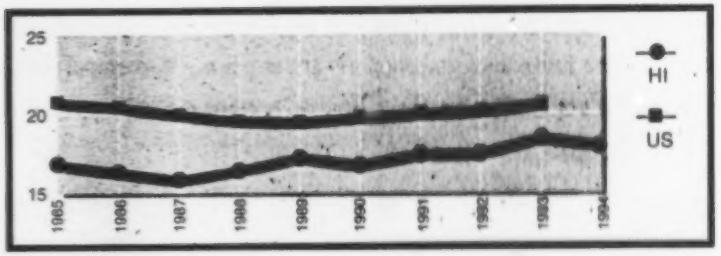
- health care for medical needs
- decent schools and schooling
- access to professional services to treat any conditions or needs that may arise and require professional care

The absence of these conditions puts children at greater risk, with a compounding of risk as fewer of these protections and supports are in place. More importantly, it is the existence of positive conditions that is needed, not just the absence of negative conditions (abuse, neglect, danger).

The past year has seen great debate with the issue of 'who's responsible?' What is the role of government? of churches? of individuals? of corporations? Most public funding for children and families addresses only the bottom set of conditions on this list, often as reactive professional service. Most public and private development efforts are designed, at best, to produce better housing or create new jobs and not to create residential stability or workforce readiness. Many of these protective conditions involve the presence of networks of support within the community. This plays to the strengths of individuals and faith communities.

To recognize that all have a role and responsibility in improving the lives and well-being of children may not be enough. A shared vision of how these efforts can be intertwined to form the new 'safety net' for kids must be developed. Consider what you can do as an individual, as part of your job or profession, as a member of the community to enhance these conditions for success of our children and youth.

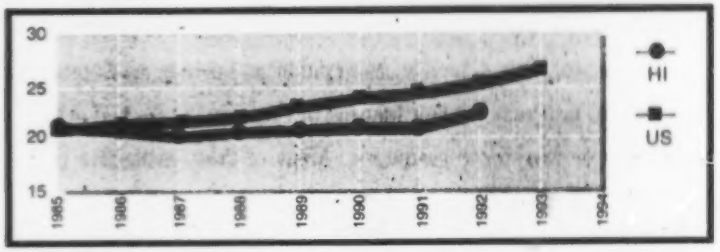
Trends in Basic Indicators: Hawai'i and US



Percent children in poverty

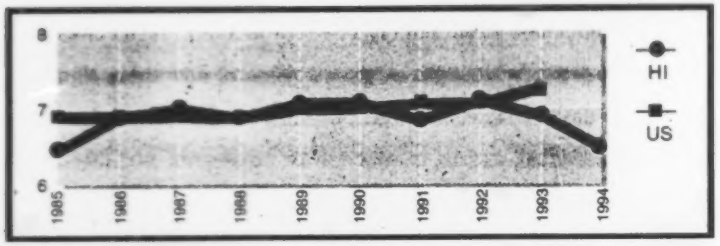
	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
HI	16.8	16.3	15.7	16.3	17.2	16.7	17.4	16.2	17.4	17.0*
US	20.8	20.5	20.0	19.6	19.5	19.8	20.0	20.6	21.0	

*Note: this uses Hawai'i poverty level as 115% of national level for Hawai'i data, national level for US data (due to cost of living differences). *1994 is estimate of the 115% level*



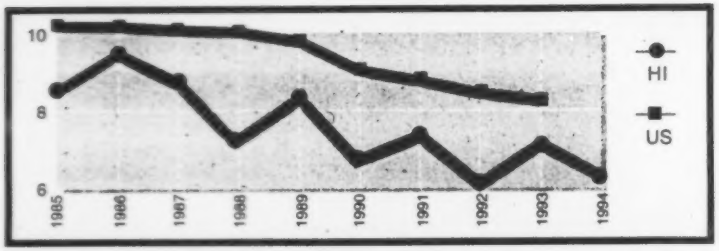
Percent of families with children headed by a single parent

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
HI	21.5	21.0	20.2	20.6	20.7	20.7	20.9	22.0		
US	21.6	22.0	22.3	22.8	23.4	24.2	24.7	25.3	26.0	



Percent low-birth-weight babies (weighing less than 5.5 pounds)

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
HI	6.5	6.9	7.0	6.9	7.1	7.1	6.8	7.2	6.9	6.5
US	6.8	6.8	6.9	6.9	7.0	7.0	7.1	7.1	7.2	



Infant Mortality Rate (per 1,000 live births)

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
HI	8.8	9.3	8.9	7.2	8.3	6.7	7.4	6.3	7.2	6.4
US	10.6	10.4	10.1	10.0	9.8	9.2	8.9	8.5	8.4	

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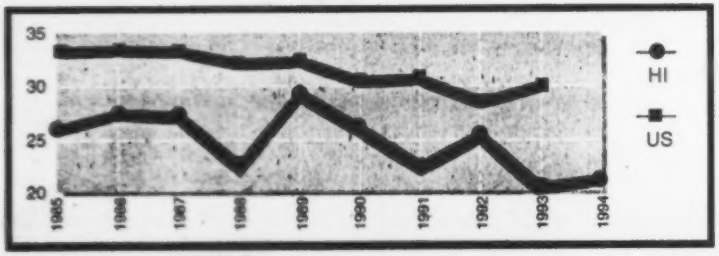
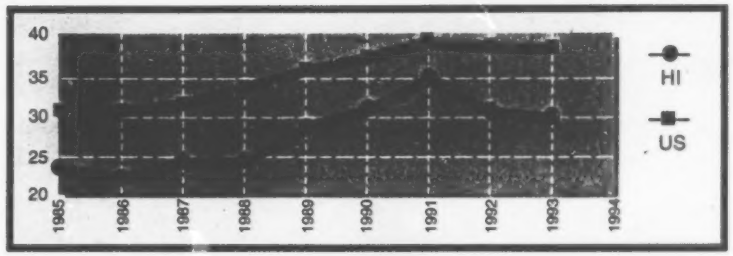


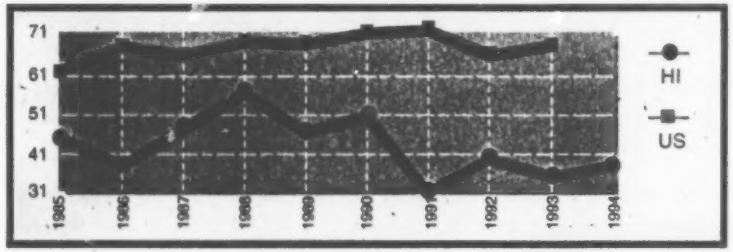
Child Death Rate (ages 1–14, per 100,000 children)

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
HI	26.0	27.9	27.5	22.3	29.5	26.1	22.6	25.2	20.0	21.2
US	33.8	33.7	33.3	33.2	32.4	30.5	30.7	28.8	30.0	



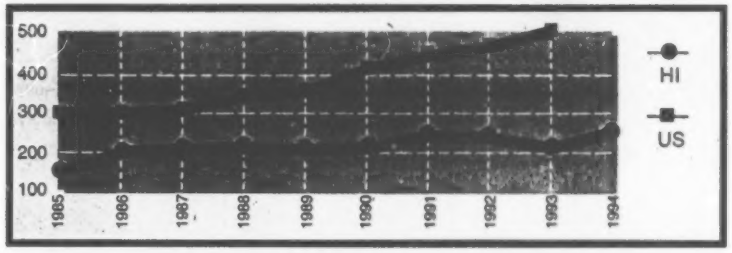
Number of births to teens (per 1,000 females ages 15–17)

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
HI	23	22	24	24	28	32	35	31	30	
US	31	31	32	34	36	37	39	38	38	



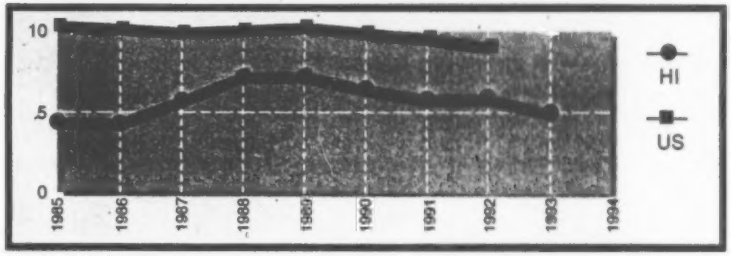
Teen violent death rate (ages 15–19, per 100,000 teens)

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
HI	45.6	38.0	49.4	56.4	45.5	51.0	31.5	40.8	35.6	38.9
US	62.8	68.5	66.5	69.7	69.3	70.9	71.1	66.6	69.0	



Juvenile violent crime arrest rate (per 100,000 youths)

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
HI	189	208	214	223	220	223	248	241	223	258
US	305	310	319	347	385	429	457	483	506	



Percent of teens who are high school dropouts (ages 16–19)

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
HI	4.8	4.8	5.5	7.0	7.1	6.8	5.6	6.3	5.0	
US	10.5	10.4	10.3	10.4	10.5	10.3	9.9	9.3	9.0	

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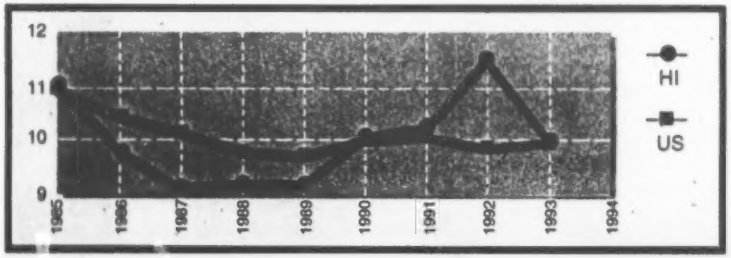

Percent of teens not attending school and not working

	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994
HI	11.1	9.7	9.1	9.2	9.2	10.1	10.3	11.6	10.0	
US	11.0	10.5	10.1	9.8	9.7	10.0	10.1	9.9	10.0	

Methodology and Sources

All rates and percents of child population are based on population numbers from the 1980 and 1990 census and official estimates of the 1994 population as provided by the Hawai'i Department of Business, Economic Development & Tourism or from official US Bureau of the Census publications. Child population estimates for counties and ethnic classifications were made by Hawaii Kids Count for the purpose of calculating rates at those levels as the official census estimates are statewide by gender and single year of age.

FAMILY COMPOSITION AND RESOURCES

Percent of children in poverty: the percentage of related children under age 18 who live in families with incomes below the U.S. poverty threshold, as defined by the US Office of Management and Budget. Source: census data and information from the Current Population Survey, March Supplement.

Percent in single-parent families: the percentage of all children under age 18 who live in families headed by a person without a spouse present in the home. Source: census data and special tabulations of information from the Current Population Survey, Bureau of Labor Statistics.

Teen birth rate: the number of births to teens per 1,000 females ages 15–19. Source: census data and information from the Office of Health Status Monitoring, Department of Health.

Percent of budget expended for housing: the percentage of consumer units spent on housing cost. Source: Department of Business, Economic Development and Tourism.

Percent with health insurance: the percentage of children under age 18 who are covered by private or public health insurance, including Quest and Medicaid. Source: Current Population Survey, March Supplement.

INFANCY AND EARLY CHILDHOOD

(roughly 0–5 years)

Percent having early prenatal care: the percentage of live births in which the mother had prenatal care in the first trimester of the pregnancy. Source: Office of Health Status Monitoring, Department of Health.

Percent low-birth-weight babies: the percentage of live births weighing under 2,500 grams (5.5 pounds). Source: Office of Health Status Monitoring, Department of Health.

Infant mortality rate: the number of deaths occurring to infants under one year of age per 1,000 live births. Source: Office of Health Status Monitoring, Department of Health.

Percent fully immunized by age 2: the percentage of children receiving the complete series of vaccines protecting them against childhood diseases (DTP/DT, Polio, Measles, Rubella, and Mumps) within their first two years of life. Source: Retrospective Kindergarten Survey, Hawai'i Immunizaion Program, Department of Health

Percent identified at developmental risk: the percentage of children birth to age 3 who have been identified as having developmental delays or biological risk factors and/or environmental risk factors which place them at risk of having delays in development. Source: Zero-To-Three Hawai'i Project.

Percent of poverty four-year-olds enrolled in subsidized pre-school: the number of poverty related four-year-olds enrolled in Head Start, Open Doors, and the Kamehameha Center-Based Preschools divided by the child poverty rate times the number of four-year-olds. Source: Head Start, the Governor's Office of Children and Youth, and Kamehameha Schools.

Rate of child abuse: number of children involved in confirmed reports of child abuse and/or neglect per 1,000 children age 0–5. Source: Department of Human Services.

ELEMENTARY SCHOOL YEARS

(roughly ages 6–11)

Child death rate: the number of deaths from all causes to children between ages 1 and 14 per 100,000 children in this age range. Source: death data from Office of Health Status Monitoring, Department of Health.

Percent of children with work force parents who are enrolled in supervised program: number of children enrolled in the A+ program divided by the number of children age 6–11 with both or only parent employed. Source: A+ enrollment from Department of Education; number of children with both or only parent employed from census data.

Percent of third graders scoring above average (stanines 7–9) and average (stanines 4–6) on the Stanford Achievement Test (SAT) mathematics portion. Source: School Status and Improvement Reports, Department of Education.

Percent children with special needs enrolled in appropriate program: the number of children in public elementary schools enrolled in special education classes divided by the number of children in these public school grades. Source: School Status and Improvement Reports, Department of Education.

Rate of child abuse: number of children involved in confirmed reports of child abuse and/or neglect per 1,000 children age 6–11. Source: Department of Human Services.

YOUTH

(roughly 12–18)

Rate of teen violent deaths: the number of deaths from homicide, suicide, and accidents to teens between ages 15 and 19, per 100,000 teens in this age group. Source: death data from Office of Health Status Monitoring, Department of Health.

Percent of eights graders scoring above average (stanines 7–9) and average (stanines 4–6) on the Stanford Achievement Test (SAT) mathematics portion. Source: School Status and Improvement Reports, Department of Education.

Percent graduating from high school on time: the number of high school graduates in any one year divided by the ninth grade enrollment four years earlier. Includes public and private schools. Source: Department of Education.

Teens not in school, not in working: the percentage of teenagers between ages 16 and 19 who are not enrolled in school (full or part-time) and not employed (full or part-time). Source: Census data for 1980 and 1990; special tabulations of Current Population Survey microdata prepared by the Bureau of Labor Statistics.

Rate of child abuse: number of youths (age 12–17) involved in confirmed reports of child abuse and/or neglect per 1,000 youths in this age group. Source: Department of Human Services.

Substance use rate: the percentage of tenth graders who report they regularly smoke cigarettes. Source: biennial study by the Department of Health and Department of Education.

Teen pregnancy rate: the number of births, abortions, and fetal deaths to women under the age of 20 per 1,000 women of this age. Source: Office of Health Status Monitoring, Department of Health.

Juvenile violent crime arrest rate: the number of arrests of youths under age 18 for violent offenses (homicide, forcible rape, robbery, or aggravated assault) per 100,000 youths between ages 10 and 17. Source: Crime Prevention Division, Department of the Attorney General.